12/019486

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 10/019486

CLAIMS AS FILED PART I SHALL SHEET												
(-	OTAL CLAMAC					ımn 2)	SMALL ENTII			OR		THAN ENTITY
TOTAL CLAIMS								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUME	ER EXTRA		BASIC FEE		OR	BASIC FEE	890
π	OTAL CHARGE	/3 mi	nus 20=	<u>. </u>			X\$ 9=		OR	X\$18=		
IN	EPENDENT C	/ minus 3 = *					X42=		OR	X84≖		
ML	ILTIPLE DEPEI	RESENT		_			+140=			+280=		
* If the difference in column, 1 is less than zero, enter "0" in column ?							TOTAL		OR	TOTAL	890	
CLAIMS AS AMENDED - PART II						M.P	0	TOTAL		OR	OTHER	
_	<i>f</i> :	(Column 2) (Column 2) (Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	-	RATE	ADDI- TIONAL FE®		RATE	ADDI- TIONAL FEE 1
Ş	Total	• 2	Minus	**		- /		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	THERE .	3	= /		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
				·.			,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_	(Column 1) (Column 2) (Column 3								Ų.			U
MENDINENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	* •	Minus	**		=		X\$ 9=		OR.	X\$18=	
A	Independent	*	Minus	***			İ	X42=	***************************************	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							۱ <u>۱</u>	+140=		OR	+280=	
A STATE OF THE STA			•				L	TOTAL		OR	TOTAL	
	્રા સ્ટુલિફ ઇપ્લિક્સ્ટિક્ટિંગ - ઉ	(Column 1)		(Colur	Al	(Caluma 0)	£	ADDIT. FEE		On ,	ADDIT. FEE	
v		CLAIMS		HIGH		(Column 3)	ſ	-	ADDI	1		1001
MENT		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	##		=		X\$ 9=		OR	X\$18=	
AMEND	Independent	*	Minus	***		-		X42=			X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280⊃	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE												
•	Th "Highest Nun	nber Previously Pai	d For (Total o	r independe	ent) is the	highest numbe	r four	nd in the app	ropriate box	in cob	umn,1.	<i>ې</i>

FORM PTO-875 (Rev. 6/01)

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